

PROTOCOL CONCERNS
REGARDING
PERFORMANCE OF RADIOGRAPHIC EVALUATION
IN WORKERS' COMPENSATION CASES

1. Repetition of X-rays:

A repeat examination for fracture would be considered reasonable in 7-10 days of initial radiographic examination, assuming that initial films fail to demonstrate fracture and that symptoms persisted, which suggested the possibility of occult fracture.

Alternatively, bone scan evaluation, magnetic resonance imaging, or CT imaging of the symptomatic bone could be done, which would preclude the necessity of repeating x-ray examination.

Repeat examination of a known fracture might be considered in order to assess fracture healing, angulation, or displacement which might have occurred since the initial fracture.

Repetition of radiographic examinations would not be considered within reason if done for convenience (either patient or physician convenience) or because of failure to obtain adequate history revealing that radiographs had been obtained.

2. Comparison X-Rays:

Comparison x-rays would be considered reasonable if there is, on initial radiographic examination of the affected area, a finding which may or may not represent a variation of normal.

The observed finding for which comparison views are deemed necessary must be well described in the initial report and given as a reason for obtaining comparison x-rays.

3. Contiguous Parts:

Radiographic examination for workers' compensation injury should be preceded by examination of physician, chiropractor or nurse practitioner and the examination specified by that examiner, and that examination should be limited to only those areas which are symptomatic or felt to be significant in the evaluation of patient injury.

For example: If injury has occurred to the metacarpal region of the hand, only a right hand radiographic evaluation would be considered as necessary, and right hand radiographs would be requested by the medical personnel. Interpretation and billing of right hand and right wrist radiographs, in this instance, would be considered unnecessary, as the site of suspected injury is the hand and not the wrist, and considering that the wrist is usually included in hand radiographs.

An additional example would consist of injury to the right thigh. X-rays requested for evaluation of the right femur should include both the knee and hip, but billing for right hip, right femur and right knee would be considered improper, as only the right femur x-ray examination was requested. Continuing this example, if there was concern of right femur fracture and abnormality of the right hip, then both right femur and right hip radiographs should be obtained, and these examinations would be considered medically necessary.

4. Regarding Health Care Professionals or Extenders Examination of Patient Prior to X-ray:

It is felt that a physical examination and a history would be necessary before a proper radiographic evaluation could be requested and performed.

With regard to protocols for specific injuries:

- a. Low back musculoligamentous injury -
Appropriate diagnostic tests -

If the acute injury involves trauma, radiographic examination following the traumatic event would be considered appropriate.

If the injury is not precipitated by a single traumatic event but of chronic origin, x-ray examination should be considered if pain persists for more than four weeks. If pain persists for a period of greater than four weeks, with negative plain radiograph examination, magnetic resonance imaging should be considered for further evaluation, as this imaging modality will evaluate both disc and bone.

Alternatively, CT examination will provide evaluation of disc and, to some degree, bone with nuclear medicine bone scan imaging being limited to the evaluation of metabolically active bone lesions.

b. Neck, muscular injury -

If the injury is not precipitated by a single traumatic event but of chronic origin, x-ray examination should be considered if pain persists for more than four weeks. If pain persists for a period of greater than four weeks, with negative plain radiograph examination, magnetic resonance imaging should be considered for further evaluation, as this imaging modality will evaluate both disc and bone.

Alternatively, CT examination will provide evaluation of disc and, to some degree, bone with nuclear medicine bone scan imaging being limited to the evaluation of metabolically active bone lesions.

c. Acute hand injuries -

Radiographic evaluation immediately following hand injury. Follow-up radiographic evaluation in 7-10 days, if pain persists, suggesting fracture with initial plain radiographs failing to demonstrate fracture.

With penetrating injuries that might result in tendon or ligament damage, magnetic resonance imaging might be helpful in the assessment of fracture extent.

d. Injuries to the foot -

Radiographic evaluation immediately following and foot injury. Follow-up radiographic evaluation in 7-10 days, if pain persists, suggesting fracture with initial plain radiographs failing to demonstrate fracture.

With penetrating injuries that might result in tendon or ligament damage, magnetic resonance imaging might be helpful in the assessment of fracture extent.

e. Herniated lumbar disk -

See State of Rhode Island Workers' Compensation Court Medical Advisory Board Protocols for Herniated Lumbar Disk.

f. Herniated cervical disk -

See State of Rhode Island Workers' Compensation Court Medical Advisory Board Protocols for Herniated Cervical Disk.

g. Acute injuries to the shoulder -

See State of Rhode Island Workers' Compensation Court Medical Advisory Board Protocols for Acute Injuries to the Shoulder.

h. Acute injuries to the knee -

See State of Rhode Island Workers' Compensation Court Medical Advisory Board Protocols for Acute Injuries to the Knee.

PROTOCOL HISTORY

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